


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90032 037 \*\*\*150.00

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<b>DOCUMENT # P03000036490</b>					
1. Entity Name <b>TREASURE COAST INVESTMENT PROPERTIES, INC.</b>					
Principal Place of Business <b>2001 SURFSIDE DR FT PIERCE FL 34949</b>			Mailing Address <b>P O BOX 3026 FT PIERCE FL 34948</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>11-3685131</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HURST, RICHARD R 2001 SURFSIDE DR FT PIERCE FL 34949</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$560.00</b>  <b>Make Check Payable to Florida Department of State</b></p>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, RICHARD R	NAME			
STREET ADDRESS	P O BOX 3026	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34948	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURST, JAMIE W	NAME			
STREET ADDRESS	P O BOX 3026	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34948	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECK, CHARLES J	NAME			
STREET ADDRESS	P O BOX 3026	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34948	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECK, KATHLEEN	NAME			
STREET ADDRESS	P O BOX 3026	STREET ADDRESS			
CITY-ST-ZIP	FT PIERCE FL 34948	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Richard R Hurst</i>		Richard R Hurst		4/5/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <b>772-465-5053</b>	



MOORE CR2E034 (11/03)